

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Bettie A. Rodgers**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

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October 29, 2003

Director  
Agency  
Address1  
Address1

Dear Name1:

I am pleased to enclose the Wisconsin Works (W-2) and Related Programs Contract for the period January 1, 2004 through December 31, 2005.

Please return one original of the enclosed Contract, signed by the W-2 Agency's authorized representative, to the Department's Contract Manager. The Department's Contract Manager is the Division of Workforce Solutions (DWS) Regional Office Area Administrator. It is the W-2 Agency's responsibility to assure that the signed Contract is delivered to the Department's Contract Manager by 4:00 p.m. on November 28, 2003.

In the event the Department has not received a signed Contract by 4:00 p.m. on November 28, 2003, the Department has the authority to negotiate a contract with another entity. Prompt return of the signed Contract also preserves the timeliness of the prepayment to the W-2 Agency for the next Contract, and for new W-2 agencies, preserves the time for transition before January 1, 2004.

The Total Base Allocation amount, found in Appendix A to the Contract, consists of the Base Allocation amount that was published on August 4, 2003 and the increases to Services and Benefits, published on October 24, 2003, as a result of redirecting \$14.3 million of the transitional jobs funds to the W-2 contracts.

The Department will issue an Amendment that contains the funding amounts for Related Programs and the corresponding reporting instructions. Additionally, the Department will issue Consortium funding awards (based upon approved requests) through an Amendment.

The Pre-Contract Phone Conference has been re-scheduled; the new date and time is November 12<sup>th</sup> from 1:00 - 3:00 p.m. (Central Time). Your agency must call one of the following numbers: local calls 608-316-0022 and toll free calls 1-888-677-9189. The conference code is 2322#.

In order to facilitate access to participation in the State's contract for Worker's Compensation with the Wausau Insurance Company for participants in work experience your agency must complete and return the appropriate forms (see attachments).

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Thank you for your participation in the W-2 and Related Programs procurement and re-contracting processes and your commitment to delivering quality programs.

If you have any questions, please contact your Department Contract Manager.

Sincerely,

Bettie A. Rodgers  
Division Administrator

Enclosures

cc Name2, Department Contract Manager  
DWS BDS Contracts